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## BIB DATA SHEET

CONFIRMATION NO. 1044

<b>SERIAL NUMBER</b> 10/696,932	<b>FILING or 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 1255	
<b>APPLICANTS</b> James F. McGuckin JR., Radnor, PA; Richard T. Briganti, Schwenksville, PA; Stephan A. DeFonzo, Wayne, PA; John H. Thinnies JR., Philadelphia, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/466,807 04/30/2003 and is a CIP of 10/638,846 08/11/2003 ABN which is a CON of 09/883,819 06/18/2001 PAT 6,623,506 <b>** FOREIGN APPLICATIONS *****</b> None <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 01/29/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>                    </u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>                    </u> Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> NEIL D. GERSHON REX MEDICAL 1011 HIGH RIDGE RD Stamford, CT 06905 UNITED STATES					
<b>TITLE</b> Vein filter					
<b>FILING FEE RECEIVED</b> 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		